## SEYFARTH SHAW LLP

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PTO/SB/22 (04-07)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  FY 2006  (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 37389-403800	
or Laser Machining			
Art Unit 1765		Examiner Shami	n Ahmed
his is a request under the provisions of 37 CFR 1.13 pplication.	6(a) to extend the per	lod for filing a reply in t	ne above identified
he requested extension and fee are as follows (chec	k time period desired	and enter the appropris	ate fee below):
	<u>Fee</u>	Small Entity Fee	
One month (37 CFR 1.17(a)(1))	\$120	\$60	s
Two months (37 CFR 1:17(a)(2))	\$450	\$225	s
X Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<u> 1020.</u>
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	s
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	s
Applicant claims small entity status. See 37 CFR	1.27.		
A check in the amount of the fee is enclosed			• • •
Payment by credit card. Form PTO-2038 is a	attached.		
The Director has already been authorized to	charge fees in this	application to a Depo	sit Account
The Director is hereby authorized to charge Deposit Account Number 19–1351	any fees which may		FURL #10000031 191351 16
WARRING: Information on this form may become provide credit card information and authorization of	ublic. Credit card infor	•	
and the second s			
am the applicant/inventor.			
assignee of record of the entire Statement under 37 CFR 3			· [.
attorney or agent of record. Re	egistration Number		
attorney or agent under 37 CF	AM AED A A A	35,118	
		Angust 21,	2007
Signature		August 21,	Date
Robert W. Diehl		312-460	
Typed or printed name		Telepi	none Number
			ما
OTE: Signatures of all the inventors or assignees of record of the el	ntire interest or their represi	mfative(s) are required. Subm	k multiple forms if more than one 🏅 🖰
OTE: Signatures of at the inventors or assignees of record of the elementure is required, see below.  Total of forms ar	ntire interest or their repress e submitted.	mfative(s) are required. Subm	multiple forms if more than one 5

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